

REPRODUCTION WORK ORDER

Printing Production: (916) 371-0224

DATE SUBMITTED		DATE NEEDED		ORDERED BY (Region/Office/Unit)				FOR PRINTING PRODUCTION USE ONLY	
ORDERED BY (Person)						TELEPHONE NO.		JOB NUMBER	
COST CENTER NO		ROOM NO./LOCATION							
TITLE OF DOCUMENT				NO. OF ORIGINALS		NO. OF COPIES NEEDED		DATE/TIME RECEIVED	
PAPER COLOR	PAPER WEIGHT	TABS <input type="checkbox"/> Yes <input type="checkbox"/> No	COLLATE <input type="checkbox"/> Yes <input type="checkbox"/> No	SIZE <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other					
INK COLOR		COVER STOCK COLOR		REPRODUCE <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided		IF TWO SIDED <input type="checkbox"/> Tumble Turn <input type="checkbox"/> Head to Head		IMPRESSIONS	
STAPLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Top Left <input type="checkbox"/> Top Right <input type="checkbox"/> Saddle Stitch				PUNCH <input type="checkbox"/> 2 Hole <input type="checkbox"/> 3 Hole		FOLDING <input type="checkbox"/> Half Fold <input type="checkbox"/> Special <input type="checkbox"/> Tri Fold <input type="checkbox"/> Quad Fold		NO. OF NEGATIVES	
BINDING <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Comb Bind <input type="checkbox"/> Padding <input type="checkbox"/> Cut or Trim <input type="checkbox"/> Chicago Screws <input type="checkbox"/> Shrink Wrap								NO. OF PLATES	
MAIL/DISTRIBUTION/STORAGE OF PRINTED MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DWR 4162								NO. OF PROOFS	
DESCRIPTION OF MATERIAL, COMMENTS, AND SPECIAL INSTRUCTIONS								TOTAL NO. SQ. FT.	
								TOTAL NO. PRINTS	
								DIGITAL/BINDERY OPERATORS NAMES, DATES AND HOURS	
								IMPRESSIONS	
								OUTSIDE COST	
								COST	